DOCUMENT RESUME

ED 312 567 CG 022 065

TITLE	Making Wise Decisions for Long-Term Care.
INSTITUTION	American Association of Retired Persons, Washington, D.C.
PUB DATE	89
NOTE	33p.
AVAILABLE FROM	American Association of Retired Persons, 1909 K Street, N.W., Washington, DC 20049.
PUB TYPE	Guides - General (050) -- Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Community Services; *Decision Making; Evaluation Methods; Financial Support; Health Insurance; Institutionalized Persons; *Long Term Care; *Older Adults
IDENTIFIERS	*Home Health Care

ABSTRACT

This booklet offers simple descriptions of each of the long-term care services that may be available to individuals needing such care, identifies where in the community services might be located, and explains what portions of the costs for each type of service will be paid by Medicare, Medicaid or private supplementary insurance policies. This booklet also includes a worksheet to help evaluate needs and financing options and concludes with a list of other useful publications and resources on the subject. These long-term care financing methods are described: Medicare, Medicaid, Medicare Supplemental Insurance, private long-term care insurance, and services provided through the Older Americans Act and Social Services Block Grants. It is recommended that individuals seek help from local Social Security offices, city or county public assistance offices, or local Area Agencies on Aging to find available services and determine eligibility requirements in local communities. The discussion of long-term care is divided into in-home services, community-based services, and institutional care. Home health services include professional medical services, such as nurse visits, and personal care services, such as help with dressing. Community-based services include senior centers, nutrition sites, adult day care, house sharing and respite care. Institutional care falls into three categories: skilled nursing care, intermediate nursing care, and custodial care. Steps in decision-making about long-term care are discussed. A worksheet is provided for planning for long-term care. Sources of information about long-term care are listed. Recommendations about individual rights in this area are provided. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

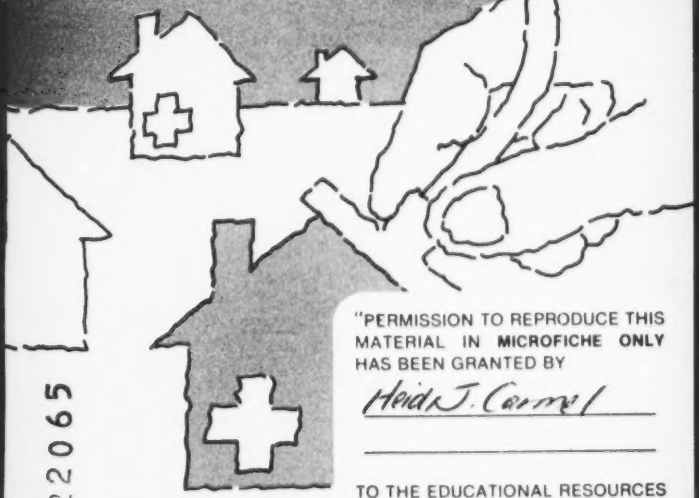
decisions for long-term care

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



"PERMISSION TO REPRODUCE THIS MATERIAL IN **MICROFICHE ONLY** HAS BEEN GRANTED BY

Heidi J. Carmel

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 022065

AMERICAN ASSOCIATION
OF RETIRED PERSONS

INTRODUCTION

Long-term care refers to a comprehensive range of medical, personal and social services developed and coordinated to meet the physical, social and emotional needs of chronically ill and disabled persons. Services should be designed to meet needs over a period of time and may be delivered in a person's own home, in the community, or in an institutional facility.

Giving or receiving long-term care is a complex situation, with a wide variety of possible solutions. AARP has produced this booklet as part of a comprehensive consumer education effort to help people make informed decisions about long term care choices and services.

Making Wise Decisions for Long-Term Care offers simple descriptions of each of the long-term care services you or a loved one might need, identifies where in a community services might be located, and explains what portion of the costs for each type of service will be paid by Medicare, Medicaid or private supplementary insurance policies. This booklet also includes a worksheet to help you evaluate your needs and financing options and concludes with a list of other useful publications and resources on the subject.

We hope that the information provided here will encourage you to assess the current and potential long-term care needs and identify the options which exist both for yourself and your loved ones. Our hope is to provide you with some direction in making these important decisions and, as a result, help you become a better consumer.

Horace B. Deets
Executive Director

© 1989, American Association of Retired Persons
Reprinting without permission prohibited.

WHY LONG-TERM CARE?

As people grow older, they should begin to plan for their later years. Many enroll in pension plans, purchase IRAs, perhaps think of moving to a warmer climate or a smaller house. They think about all the leisure activities they'll finally have time to pursue. But many people fail to consider that the vitality they now enjoy would wane as they age. They don't consider that one day they may need help with everyday tasks such as grocery shopping, laundry, or yardwork. People avoid thinking about the possibility that if they live long enough, they may become less and less able to care for themselves.

Most people equate the words long-term care with nursing homes. They don't realize that daily help with health and personal needs is also long-term care. There are long-term care options that help people maintain independence and remain in their homes. But, it's not always easy to find these services, and when found, they often are costly. Some options are not universally available and many forms of care are not covered by insurance.

To plan effectively for your future, you need to find out what financial resources you have or can access, what services are available, and how you can pay for them. The following information introduces you to the range of resources you may choose from should you, a loved one, or a friend ever need such help.

Each section defines a type of long-term care service that may be available, explains specific services and service providers, and discusses insurance limitations and reimbursement policies. A range of costs is given for most services described, but keep in mind that reimbursement policies and costs are continually changing. In fact, in 1988, the Medicare Catastrophic Coverage Act legislated changes that will be phased in over the next five years. The specific changes and how they affect different long-term care services have been noted in the text.

Finally, this booklet offers some planning guidelines, including checklists, to help you in your decision-making process, as well as some resources to consult for more detailed information.

HOW CAN I PAY FOR THE CARE I NEED?

Payments for long-term care services are now the largest out-of-pocket health care cost for older persons. So, as you plan, it's important to understand, not only the different kinds of care, but which community agencies can assist you and what public and private coverage is available.

Before discussing the various kinds of long-term care, it's important to understand the financing mechanisms that exist for payment:

Medicare is a federal health insurance program providing health care benefits to all Americans age 65 and over. Medicare Part A covers physician and other outpatient care and Medicare Part B covers hospital care. Insurance protection intended to cover major hospital care is provided without regard to income, but only restricted benefits are allowed for nursing home care or home care.

Medicaid was established 20 years ago to pay for medical care for low-income Americans. Payments are made to providers of services on behalf of eligible persons. Today, thousands of formerly middle-income older people who have exhausted their personal financial resources, rely on Medicaid to pay long-term care costs not covered by Medicare or private insurance. In 1987, Medicaid paid 42 percent of all nursing home costs. Approximately 61

percent of all nursing home patients received Medicaid payments. Medicaid also covers home health care services, medical supplies, and equipment for persons who are eligible.

Medicaid is a joint federal-state program. Persons who are eligible for state public assistance or for Supplemental Security Income (SSI), the federal program for the aged, blind or disabled poor, automatically are eligible for Medicaid. Other eligibility requirements and benefits are based upon personal income and assets, but they vary significantly from state to state. However, all states, except Arizona, provide Medicaid coverage for some intermediate nursing home care that is not covered by Medicare.

Medicaid recipients must be deemed categorically needy, either by eligibility for federal SSI payments (as noted above) or medically needy, those with substantial medical costs that meet a state-determined income standard. In most states, when one spouse was in a nursing home and the other was not, the spouse in the nursing home had to "spend down" virtually all of his or her income and assets before Medicaid would cover the cost of care. If the spouse at home was financially dependent on the spouse in the nursing home, the spouse at home would become impoverished. One important aspect of the 1988 Catastrophic Care Coverage Act is a provision that addresses this "spousal impoverishment." Under the new law, as of September 30, 1989, states must allow the spouse at home to retain at least $786 per month from income and assets and at

least $12,000 in liquid assets or resources in addition to the couple's home. These amounts will increase yearly over the next five years and only apply to nursing home payments.

This legislation will provide improved income and asset protections for many spouses who remain at home. But, in a few states that currently have very liberal laws and practices, these provisions could actually leave the spouse at home with fewer resources than he or she could retain under current law. However, the 1988 Act does allow states to increase the amount of income and assets that can be kept by the spouse remaining at home.

Medicare Supplemental Insurance (Medigap) is a private health insurance option which, if purchased, supplements your Medicare coverage. It generally pays for the non-covered costs of Medicare covered services only, e.g., hospital deductibles and physician copayments, and does not pay for long-term care services.

Private long-term care insurance is another option for financing long-term care services. Until recently, private insurance companies had largely ignored the elderly's long-term care needs. Some health insurance companies are now offering long-term care policies which pay for some long-term care services, such as nursing home and home health care. Although these policies are becoming more popular and more widely available, in 1987 they represented less than one percent of the nationwide expenditures for long-term care services.

Services covered under long-term care

private insurance policies vary greatly. Each policy has its own eligibility requirements, restrictions, costs, and benefits. The cost of the policy usually depends on the options chosen. For instance, a policy which pays $100 per day for services, for a period of 6 years, which increases its level of payment on the basis of inflation increases, will be more costly than a policy that pays $40 per day for a three year period and does not include inflation protection.

Therefore, if you are considering purchasing a long-term care insurance policy, it's crucial to read the fine print before purchasing. Find out what conditions must be met in order to collect benefits. For example, some policies require prior hospitalization before coverage for long-term care services. Other questions to consider:

- Does it pay for *any* nursing home costs or just skilled nursing home costs?
- Under what conditions will it pay for custodial home care or hospice care?
- Are there built-in benefit increases to allow for inflation?

It's also important to research the background of the company providing the policy. Find out how long they've been in business and check with the Better Business Bureau for any complaints which may have been registered.

The Older Americans Act provides funding for programs available to everyone age 60 and older. Each state allocates the federal funds it receives under the Act as it sees

fit and designates Area Agencies on Aging (AAAs) to provide services directly or through contract with local agencies, organizations, or firms. There is no charge for services, but contributions may be accepted. Services available may include: congregate nutrition services, home-delivered meals, case management and assessment, chore services, adult day care, home health care, homemaker services, senior centers, transportation, friendly visiting, and telephone reassurance.

Social Services Block Grants provide similar programs for low-income persons. Individual states determine income criteria, the populations to be served, and how the federal government funds will be allocated. Fees must be charged to consumers whose income exceeds 80 percent of the state's median income level. Services available may include: case management and assessment, chore services, companion services, congregate meals, home-delivered meals, homemaker services, and transportation.

HOW CAN I FIND OUT ABOUT POSSIBLE SOURCES OF PAYMENT?

Not all options are available in all areas of the country, and the range of services and their costs vary widely. Eligibility requirements and services available vary from state to state. Your local Social Security office, city or county public assistance offices, or local Area Agency on Aging (AAA) can help you find available services and determine the eligibility requirements in your community. There are more than 600 AAA's across the country. The AAA in your area can help you locate long-term care services available to you under the Older Americans Act. Check the blue pages of your phone book under "Aging," government, or public service listings to find phone numbers for these offices.

The following sections on each type of long-term care include specific information about which sources of funding are potential resources for payment.

WHAT EXACTLY IS LONG-TERM CARE?

In addition to health services, long-term care includes a whole range of social and support services, from home meal delivery to transportation. Long-term care services can be divided into three categories:

- In-home services
- Community-based services
- Institutional care

In-Home Services

Home health care brings care to the home to maintain or restore a person's health. It may be appropriate for those recovering from illness, suffering from chronic conditions, or coping with terminal illness. Home health care covers a wide variety of services. These services can include medical services provided by professionals such as nurses or physical therapists or personal care services, such as help with grooming or dressing, provided by homemaker-home health aides. You may achieve both cost savings and increased independence by using various home health care services instead of nursing homes. Costs vary and, in 1988, ranged from $9 per hour for a homemaker-home health aide to $28 per visit of one to two hours for a registered nurse, or $50 per visit for a therapist (e.g., occupational therapist, physical therapist). In some areas, however, a nursing visit may be considerably more.

Currently, Medicare will pay for home *health care only if the patient is confined at* home and requires part-time nursing care or therapy under a plan set up by a physician. Care must be provided by a home health agency that is certified by Medicare. Medicare Part B, an optional coverage for which the consumer pays, will reimburse up to 80 percent of costs for certain medical equipment, known as durable medical equipment, such as wheelchairs, hospital beds, and oxygen machines.

Medicaid will pay almost all costs of part-time skilled nursing, homemaker-home health services, and medical supplies and equipment for those who meet eligibility requirements. The care must be provided by a home health agency that is certified by the state health department. Some states offer other benefits for occupational and physical therapy, personal care, counseling, and prescription drugs.

Private long-term care insurance policies may cover care at home. Be sure to check to see if a previous hospitalization or a nursing home stay or other criteria is required.

Other in-home services referred to as home care may be available:

Chore services that offer minor household repairs, cleaning, and yardwork. In 1988, costs average $4 an hour plus materials.

Home-delivered meals, or "Meals on Wheels," which is a service provided by local government or voluntary organizations to deliver nutritious, hot meals once or twice a day. Costs for one or sometimes two meals a day, five days a week, vary widely and in 1988 averaged from $2 to $5 per meal.

Friendly visitor services where volunteers stop by regularly to write letters, run errands and shop, or simply to sit and talk with isolated older people. There is no charge for this service which is typically provided through local religious or volunteer groups.

Emergency response systems that provide reassurance in the form of reliable contact, usually by telephone and electronic device, to police and rescue squads in the event of emergencies in the home.

Telephone reassurance offered by volunteers who make calls to or receive daily phone calls from the elderly living alone.

As a rule, these kinds of in-home services are not covered by Medicare, Medicaid, or private insurance because they do not provide medical services. There are, however, federal programs under the Older Americans Act that fund some home care and alternative long-term care services including, in some cases, listings of services available. While best known for services providing nutritious meals, the Act also funds the services of home chore and homemaker-health aides. In addition, many community organizations, religious groups, and civic clubs may have volunteer services available free of charge.

Community-Based Services

Community programs include a number of nutrition, social or health care services, and a range of alternative housing arrangements that make it possible for the person to remain at

home and maintain independence. Some of these options are:

Senior centers give older persons an opportunity and a place to meet and socialize. They offer a wide variety of recreational, legal, financial, and counseling services. The centers, usually non-profit organizations, may be located in housing projects, churches, or synagogues.

Nutrition sites offer inexpensive, nutritious meals in settings such as senior centers, housing projects, churches and synagogues, or schools. Transportation is sometimes provided.

Adult day care centers provide comprehensive services ranging from health assessment and care to social programs for older persons who need some supervision. Transportation is sometimes provided. The centers may be operated by hospitals, nursing homes, local governments, or religious, civic or other groups. Out-of-pocket costs vary and in 1988 averaged $30 a day. Costs are often determined on a sliding scale.

House sharing is where two or more unrelated people live together in a combination of shared and common space. Each has a private bedroom and all living areas are shared, as well as chores. Often expenses for food, utilities, housing costs, and transportation are shared as well.

Board and care homes typically are privately operated facilities that provide a room, three meals a day, and personal care services such as help with bathing, dressing, getting in and out of bed, and 24-hour protective oversight. Most states do not li-

cense, inspect, or monitor these facilities. Costs and quality of care vary widely.

Congregate housing facilities, operated by government agencies, nonprofit groups, private interests, offer independent living with central dining, transportation, and social and recreational programs. Sometimes the services of health and social service professionals and personal assistants also are provided. Costs vary widely.

Continuing care retirement communities offer housing and a range of health care, social, and other services. They emphasize independent living in apartments, rooms, or individual cottages for as long as possible. Continuing care retirement communities require an entrance fee paid at the outset that ranges from $12,000 to as much as $400,000. In addition, residents pay a monthly fee ranging from $400 to $2,200. All have a contract that guarantees residents access to care and services, including nursing home services for as long as they remain in the facility. Some communities provide home health care and onsite nursing home care without extra payments, while others charge additional daily fees ranging from $50 to $70 for nursing unit residents. Before you sign a continuing care contract, as with all major investments, check out the company's ownership, organization, and financial status; ask for a copy of the contract in advance and review the information with an attorney or financial advisor.

Respite care offers from a few hours to several days of help to family members caring

for a frail, ill or impaired person at home. The care can be provided by volunteers who come to the home, an institution, or an adult day care center. This type of service typically is organized by churches and synagogues, nursing homes, home health agencies, and volunteer agencies.

Currently, Medicare offers no coverage for these services; however, beginning January 1, 1990, Medicare will pay for up to 80 hours per year of in-home respite care for chronically dependent individuals who have also met either the Part B catastrophic cap or the prescription drug deductible.

Medicare, Medicaid, private insurance, and the Older Americans Act do not provide benefits for options such as board and care homes and retirement communities. As a result, residents pay full costs. Fifty percent of continuing care retirement communities have Medicare/Medicaid nursing homes. Some also include private long-term care insurance as part of the package of services provided.

Chore services, home-delivered meals, friendly visitors, and telephone reassurance are sometimes funded by the Older Americans Act or Social Services Block Grants. They may offer services free of charge or on a sliding scale fee basis, or they may ask for contributions. Your local department on aging can help you locate and choose these long-term care services. Sometimes services are provided by social service agencies or they may be locally subsidized by religious organizations, United Way agencies and civic groups. Other service providers, such as local senior centers and adult day care centers,

may also receive funding under the Act.

Hospice care is a special kind of care for the terminally ill. It provides counseling and other services to help patients and families cope with the dying process and handle the physical and emotional pain. Hospice workers support the patient and family with physical, psychological, social, and emotional care. Volunteers play an integral role in the provision of care. The care may be provided in a specialized hospice facility or, most frequently, care is provided in the patient's home. Costs vary greatly; in 1988 they ranged from about $50 a day in the home to as much as $200 a day in a hospice facility. According to the National Hospice Organization, the average length of time patients receive hospice care is about 54 days.

Medicare will provide special hospice benefits to patients who are diagnosed as terminally ill. Effective January 1, 1989, hospice benefits extend indefinitely, beyond the previous limit of 210 days. The beneficiary must select hospice benefits and the care must be provided by an agency with a special Medicare hospice certification.

States determine whether to add hospice as a covered service under Medicaid.

Private commercial insurance policies sometimes provide benefits for hospice care, usually offering payments for a limited period of time. Again, read the policy carefully to determine eligibility, limits, and conditions for collecting benefits.

Institutional Care

Nursing home care is for those who are chronically ill or recovering from an acute illness and who need extended care but not hospitalization. While nursing homes are usually the last choice, for some people this may be the only kind of care available to meet their needs. Nursing home residents may receive nursing services, room and board, supervision, therapeutic and rehabilitation services, and medication. They often have access to social and recreational programs as well.

There are three levels of care within this category:

Skilled nursing care is for those who need intensive, 24-hour-a-day care and supervision by a registered nurse, under the direction of a physician who is available in an emergency. Costs can range from $65 to about $140 a day.

Intermediate nursing care is for people who don't need skilled, round-the-clock nursing care but do need some nursing assistance and supervision. Costs can range from $41–$70 a day.

Custodial care is for those who require room and board, and assistance with personal care, but don't necessarily need health care services. Costs can range from $37 to $55 a day.

Although not as costly as care provided in a hospital, nursing home care can be very expensive. Nursing home care averaged about $24,000 a year in 1988 and is projected to average $37,000 a year by 1990.

Coverage for nursing home services is limited. Many people believe Medicare, Med-

icaid, and private supplemental health insurance provide substantial nursing home benefits. Unfortunately, due to restrictions on reimbursements, this is not the case. Consumers themselves now pay more than 50 percent of nursing home costs. There are various forms of public and private insurance programs for nursing home care, each with their own limitations:

Medicare

- Effective January 1, 1989, Medicare pays only for the first 150 days of skilled nursing home care in a Medicare-certified skilled nursing care facility in a calendar year. No prior hospitalization is required. Beneficiaries are required to make a coinsurance payment of $20.50 per day, in 1989, for the first 8 days *only*. Medicare pays all charges for the 9th to the 150th day. The beneficiary pays all expenses after the 150th day.
- No benefits are provided for intermediate nursing care.
- No benefits are provided for custodial care.

Medicaid

Medicaid covers the cost of skilled and intermediate nursing home care for eligible recipients, but several states require the patients to make small copayments for some personal services or medicines. Some states cover intermediate nursing care, some do not. Because requirements vary so much from state to state, you will want to contact your local Social Security office, city or county public assistance office, or Area Agency on Aging to find out what benefits are available in your state to meet your particular needs.

Private Long-Term Care Insurance

Private long-term care insurance policies may cover nursing home care, but usually are limited to Medicare-certified nursing homes. Coverage can extend 3–4 years for long-term care. Again, read the "fine print" when buying a private insurance policy to be sure you understand the limitations of the policy.

HOW DO I GO ABOUT MAKING A DECISION?

As you can see, you must consider many options before you can make a wise decision about securing long-term care services for yourself or others. That's why it's important to plan ahead for the possibility of long-term care, before there is a crisis.

First, assess your current and potential needs. Consider if it's important for you to stay in your community and find out what long-term care services are available. Determine current eligibility requirements and costs of services. Estimate the potential cost increases over the years ahead.

Remember that:

- Long-term care includes a wide range of health, social, and personal care services, many of which may be appropriate alternatives to nursing home care. Some are available at little or no cost to the consumer.
- Not all long-term care services are available in all communities or in sufficient quantity to serve all those in need.
- Medicare provides very limited coverage for long-term care and should not be relied upon to provide more than 150 days of skilled nursing home care or any custodial care.
- Medicare home health benefit covers only part-time skilled care for up to 7 days a week for 38 consecutive days, or up to 6 days a week for an indefinite period. While Medicare has broadened

its definition of "part-time" home health care services to allow care to be provided seven days a week instead of four, this change does not expand the basic coverage under Medicare. It means that people eligible for such benefits can spread the services of a home health aide over seven rather than four days.

- Patients must show they are either financially or medically needy, according to state criteria, to establish eligibility for Medicaid assistance.
- Private insurance policies vary greatly in costs, eligibility criteria, coverage, benefits, and duration of coverage. They are expensive and most companies will not sell a policy to you after age 79, some at earlier ages. The older you are, the more expensive the policy will be.

Second, review your projected financial resources to find out what you can do now to provide for your future needs. Decide to what extent you can, or want to, rely on family or friends. Learn what specific coverage you can expect, if any, from Medicare or private insurance.

You may benefit from professional assistance in planning for long-term needs. Such help is available, usually free, from many Area Agencies on Aging, social workers, hospital discharge planners, some senior and adult day care centers, and volunteer social service agencies. Your doctor or lawyer might also be able to help.

Care management services are becom-

ing an important part of the long-term care picture. They provide help in deciding what services are needed, where they can be found, and in coordinating the provision of services from a variety of sources. This service may be offered by individual providers, offices on aging, insurance companies, hospitals, or private practitioners. It may also be a service incorporated into state-funded programs, for example, to determine appropriate services for Medicaid recipients. When care management is provided as part of a larger service, there is no extra charge. There is a monthly fee for ongoing, private care management. None of the financing programs, public or private, cover the cost of care management as a separate service.

SOURCES OF INFORMATION

There are several ways to go about learning what you need to know so you can make wise decisions about long-term care. In addition to your local Social Security or Area Agency on Aging (AAA) office, the staff of your library or city and county social service agencies may be able to assist you. If you have trouble finding information, ask your local elected officials; they should know what is available in their communities.

Talk to your friends. Find out what they know about long-term care options. Ask insurance company representatives to discuss their plans to expand long-term coverage. Major local employers also can be helpful by describing the long-term care benefits offered to their employees and sharing the advice they offer their retirees with you.

After gathering information, understanding the options, and beginning to plan for your future, you might want to investigate individual providers of the services you may need. By using the following worksheet to fill in the pieces of information necessary to assess your situation, you can begin planning for long-term care by identifying and evaluating the various options available to you.

PLANNING FOR LONG-TERM CARE WORKSHEET

This worksheet can help you begin to assess your needs and identify services and possible sources of funding.

1. What are my financial resources?

_____ Monthly income: _____

_____ Private insurance coverage: _____

_____ Savings (yield in monthly income):

_____

_____ Additional monthly income: _____

_____ Other assets: _____

2. What programs am I eligible for now?

_____ Medicare _____ SSI

_____ Medicaid

(See list of resources below for more information.)

3. What services might I need and are they available in my community?

	Service Needed (Yes No)	Available (Yes No)	Cost Financing Accepted
In-Home Services			
Home health care			
Medical services			
Personal care			
Home care			
Chore services			
Home delivered meals			
Friendly visitor			
Emergency response			
Telephone reassurance			

	Service Needed (Yes/No)	Available (Yes/No)	Cost Financing Accepted
Community Programs			
Senior center			
Nutrition sites			
Adult day care			
House sharing			
Board and care			
Congregate housing			
Continuing care retirement communities			
Respite care			
Nursing Home Care			
Skilled nursing care			
Intermediate nursing care			
Custodial care			
Case management services			

4. Consider the following when comparing the long-term care services you are considering:

	Service Options		
	1	2	3
Financing accepted			
Licensing and certification status			
Services available			
Cost			
Staff training			
Ongoing evaluation			
Grievance procedure			
Emergency care provisions			
Waiting list			
Third party recommendation			

5. Check off the potential sources you can contact to get more information:

_____ Social Security Office
_____ Local Office on Aging
_____ Local Department of Social Services
_____ Your insurance company
_____ Your doctor
_____ Your previous employer
_____ Your local hospital discharge planner
_____ Local public health department
_____ Local family services department
_____ State or local ombudsman
_____ State insurance commission
_____ Other agencies providing support services (For example, Catholic Charities, Jewish Family and Children Services)

OTHER SOURCES OF INFORMATION

The following books and publications provide additional information concerning long-term care.

Single copies of the following publications are available, at no charge, from AARP Fulfillment, 1909 K Street, N.W., Washington, DC 20049.

A Home Away from Home: Consumer Information on Board and Care Homes. (D123446)

A Matter of Choice: Planning Ahead for Health Care Decisions (D12776)

Before you Buy: A Guide to long-term Care Insurance. (D12893)

Catastrophic Coverage under Medicare (D13299)

Checklist of Concerns and Resources for Caregivers (12895)

Coping and Caring: Living with Alzheimer's Disease. (D12441)

Handbook About Care in the Home. (D955)

Insurance Checklist. Guide for the individual to help determine personal insurance needs. (D1032)

Knowing Your Rights. Information on Medicare's prospective payment system, with emphasis on patient's rights. (D12330)

Miles Away and Still Caring: A Guide for Long Distance Caregivers. (12748)

Nursing Home Life: A Guide for Residents and Families (13063)

Personal Emergency Response System (PERS): Meeting the Need for Security and Independence (D12905)

Tomorrow's Choices: Preparing Now for Future Legal, Financial and Health Care Decisions (D13479)

Your Home, Your Choice: A Workbook for Older People and Their Families. (D12143)

From AARP Books:

These books are copublished by AARP Books and Scott, Foresman and Co. and can be ordered by writing to Scott, Foresman and Co., 1865 Miner Street, DesPlains, IL 60057-0702.

Caregiving: Helping an Aging Loved One $13.95 for nonmembers; $9.95 for AARP members.

Homesharing and Other Options $12.95 for nonmembers; $9.45 for AARP members.

National Continuing Care Directory $19.95 for nonmembers; $14.50 for AARP members.

Please include $1.75 for shipping & handling charges *per order.*

NOTES

Know Your Rights

Recipients of long-term care services are protected, as all citizens are, by existing federal and state laws. In addition, there are laws, often known as the patient's or resident's bill of rights, which provide protection to nursing home residents and patients receiving care from Medicare certified home health agencies.

Every state must have an ombudsman designated to work with consumers and nursing homes by solving problems, investigating grievances, and monitoring care. In addition, many communities have local ombudsmen. Contact your Area Agency on Aging, state office on aging, the state licensing and certification office or a nursing home to identify your ombudsman.

For complaints about care received from a home health agency, contact your Area Agency on Aging or health department and ask for the state's toll-free home health hotline number.

When you receive nursing care, you have rights as well as responsibilities. Learn and exercise your right to:

- be informed in advance about the care and treatment you will receive
- manage your own financial affairs
- privacy
- the services of a physician
- written information about services, charges, treatment
- refuse treatment
- voice grievances through a workable process
- take an active part in planning your care
- wear your own clothes and keep your personal property

The Women's Initiative is a major effort of the American Association of Retired Persons to strengthen and enlarge the leadership roles held by women; to address the special health, financial, and social needs of midlife and older women; to create additional opportunities for women to realize their full potential; and to focus attention on the contributions women are making to society.

Because women are most often the caregivers, and because the majority of employees in institutions and agencies providing long-term care services are women, AARP's long-term care efforts are the responsibility of the Women's Initiative.

To find out how you can get involved, or to request any of our publications, write:
American Association of Retired Persons
Health Advocacy Services
1909 K Street, N.W.
Washington, DC 20049

Health Advocacy Services
Program Department

AARP

American Association of Retired Persons
1909 K Street, N.W.
Washington, DC 20049

PF3701(389) • D12435 BA 5144